Wayland Union Schools
Accident Report

(To be completed immediately after incident/accident occurs)
Please complete all blanks. If not applicable, so indicate by N/A

Building: **Date:** **Time:** **AM or PM**	
Classification: **Employee** ☐ **Student** ☐ **Visitor** ☐ **Other** ☐	
Name of injured person: **Social Security #**	
Address: **Telephone #**	
Birthday : Mo _____Day_____ Year_____	
Gender: Male ☐ **Female** ☐ **Marital Status: Married** ☐ **Single** ☐	
Date of injury: **Last day worked:** **Was injury fatal? Yes** ☐ **No** ☐	
Location of accident: Building: **School grounds ____ School bus ____**	
Place of accident: **Classroom ____ Gym ____ Hallway/Stairway ____ Playground ____ Entryway ____** **County:** **Shop ____ Parking Lot ____ Sporting Event/Practice ____ Other ____**	
Describe how the injury occurred:	
Was place of accident on employer's/school's premises? Yes ☐ **No** ☐	
Describe initial treatment:	
Name and address of attending doctor:	
If hospitalized, name and address of hospital:	
Describe the type of injury or illness (example – burn, cut, fracture):	
Part of body directly affected (example – left hand, right arm, left eye):	
Describe the events that caused the injury (example – fell, tripped):	
Name the object or substance which directly caused the injury:	
Witnesses to accident 1. Name and contact number:	
2. Name and contact number:	

STUDENT:

School:	**Grade:**
Was an instructor present? Yes ☐ No ☐	**If yes, instructor's name:**
If no, was another employee present? Yes ☐ No ☐	**If yes, name:**
Was family notified? Yes ☐ No ☐	**If yes, time:** **By whom:**
Name of parent or guardian:	

EMPLOYEE:

Occupation of injured employee:	
Department:	**Supervisor:**

VISITOR / OTHER:

Additional contact information:
Additional comments:

Signature of injured person: _____

Signature of witness: _____

Signature of supervisor on duty at time of injury: _____

Today's date: _____

Wayland Union Schools
850 E Superior St
Wayland, MI 49348
269.792.2181

Send Form to HUMAN RESOURCES within 48 Hours of Incident / Accident
atwoodc@wayland.k12.mi.us OR 269.792.1615 fax